



2020: The State of the Health of Kansans

Lee A. Norman, MD, MHS, MBA

Secretary, Kansas Department of Health and Environment | January 20, 2020

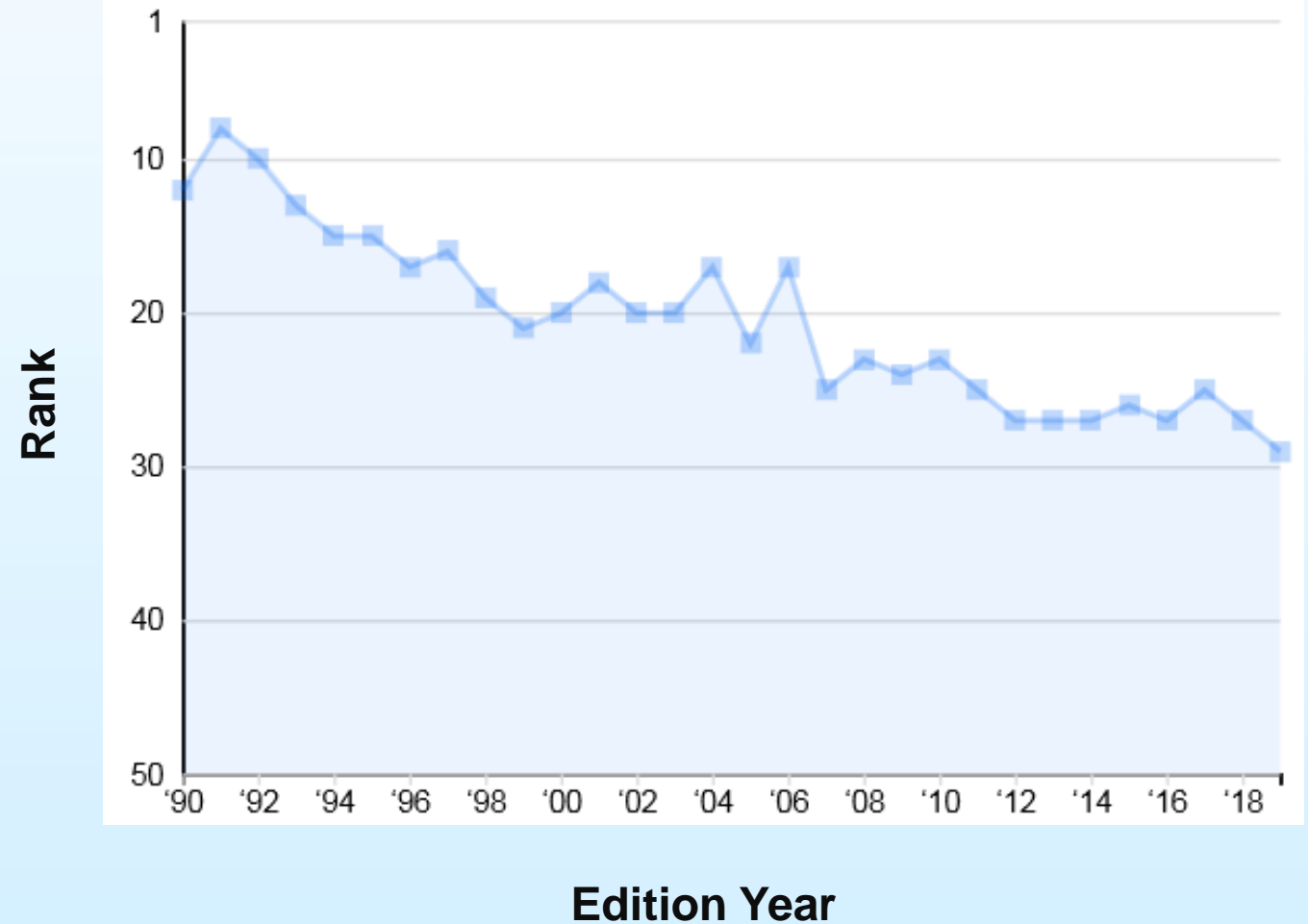
State Health Officer of Kansas

“

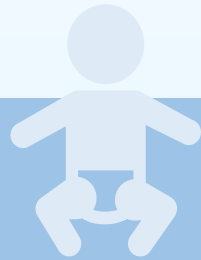
Of all the states in the US, over the past 30 years, Kansas has seen the greatest decline in its health rankings.

(America's Health Rankings, December 6, 2019)

Kansas Health Ranking 1990-2019



Every day in Kansas



99 Live Births

- 36 Births to unwed mothers
- 6 Live births to teenagers
- 7 Low birthweight live births
- <1 Infant death



76 Deaths

- 16 Heart Disease
- 15 Cancer
- 5 Chronic lower respiratory disease
- 4 Unintentional injuries
- 3 Cerebrovascular Disease
- 2 Alzheimer's Disease
- 2 Diabetes
- 2 Pneumonia & Influenza
- 2 Suicide
- 1 Nephritis, nephrotic syndrome, nephrosis

Health

- Beyond traditional “*public health*,” and not a specific agency or department
- Opportunities to *be healthy*
- Requires *active* processes
- To change the trajectory we must *think* differently
- May *challenge our long-held beliefs* in order to improve
- Beyond just “medical care”



Public Health

**Public Health – Informed
Plan Design**

**Kansas Health and
Environment Lab**

**Manpower,
Recruit/Retain Staff**

**Health Care
Finance**

Environment

America's Health Rankings

- United Health Foundation and the American Public Health Association (APHA)
- 30 years of data measurement
- 30+ sources (CDC, US Dept of Education, US Census Bureau, US EPA, US DOLS, US DOJ and FBI, US HHS/CMS, ADA, Dartmouth Atlas of Health Care)
- Data through CY 2018



Health ranking domains



Behaviors
(23rd in US, -0.008)



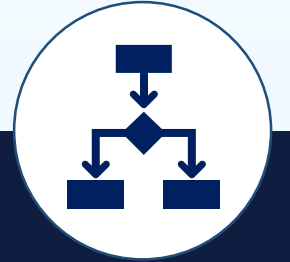
Community & Environment
(25th in US, 0.058)



Policies that Drive Health
(39th in US, -0.043)



Clinical Care
(34th in US, -0.042)



Outcomes
(26th in US, 0.013)



Below average



Average



Below average



Below average



Average

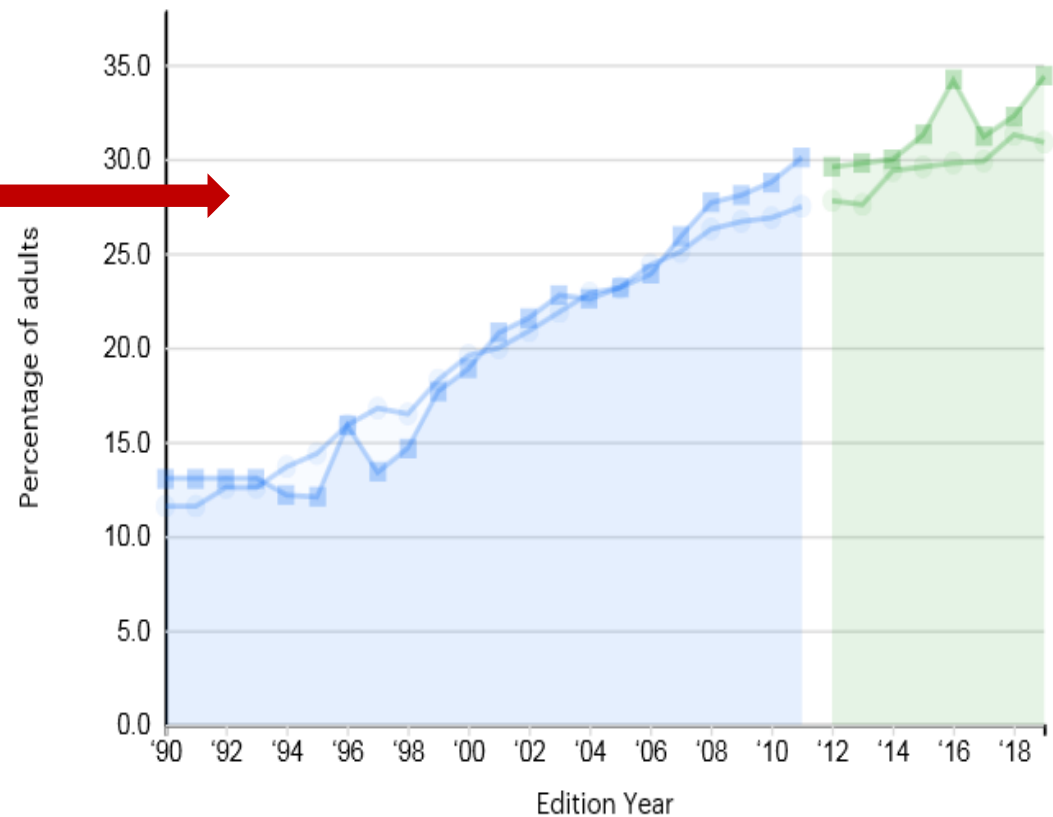
****Overall, Kansas ranks 29th in the US (-0.221)****



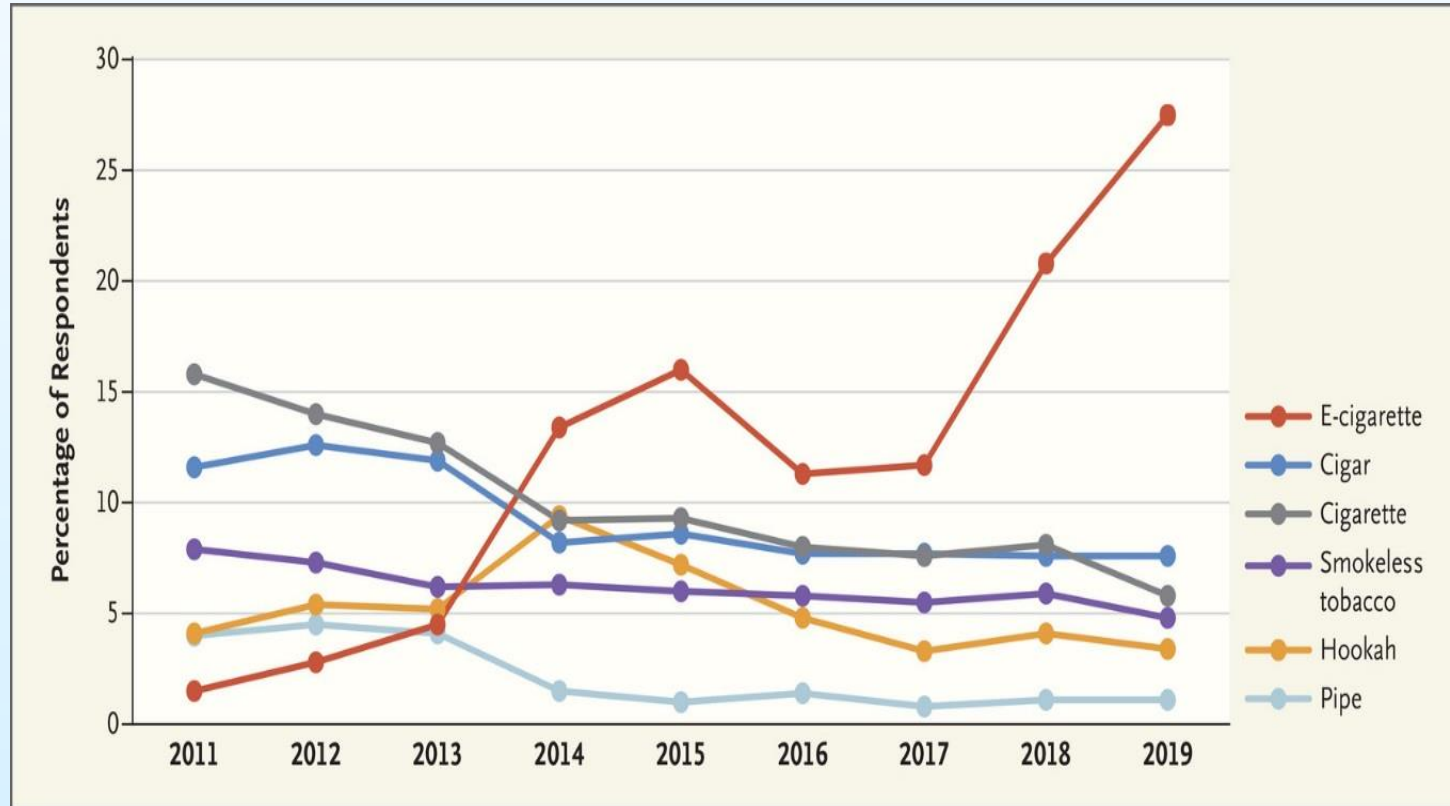
Behaviors

Below average (23rd in US, -0.008)

- Low drug deaths (#6 in US), 11.6/100,000
- Obesity (#38 in US)
- Smoking (#30 in US), 17.2% of adults – was 23% in 1990, but no change in the past 15 years, and worsening because of vaping/e-cigarettes



The vaping epidemic: U.S. and Kansas



The NEW ENGLAND
JOURNAL of MEDICINE



Perspective

The EVALI and Youth Vaping Epidemics — Implications for Public Health

Brian A. King, Ph.D., Christopher M. Jones, Dr.P.H., Grant T. Baldwin, Ph.D., and Peter A. Briss, M.D.

January 17, 2020

DOI: 10.1056/NEJMp1916171

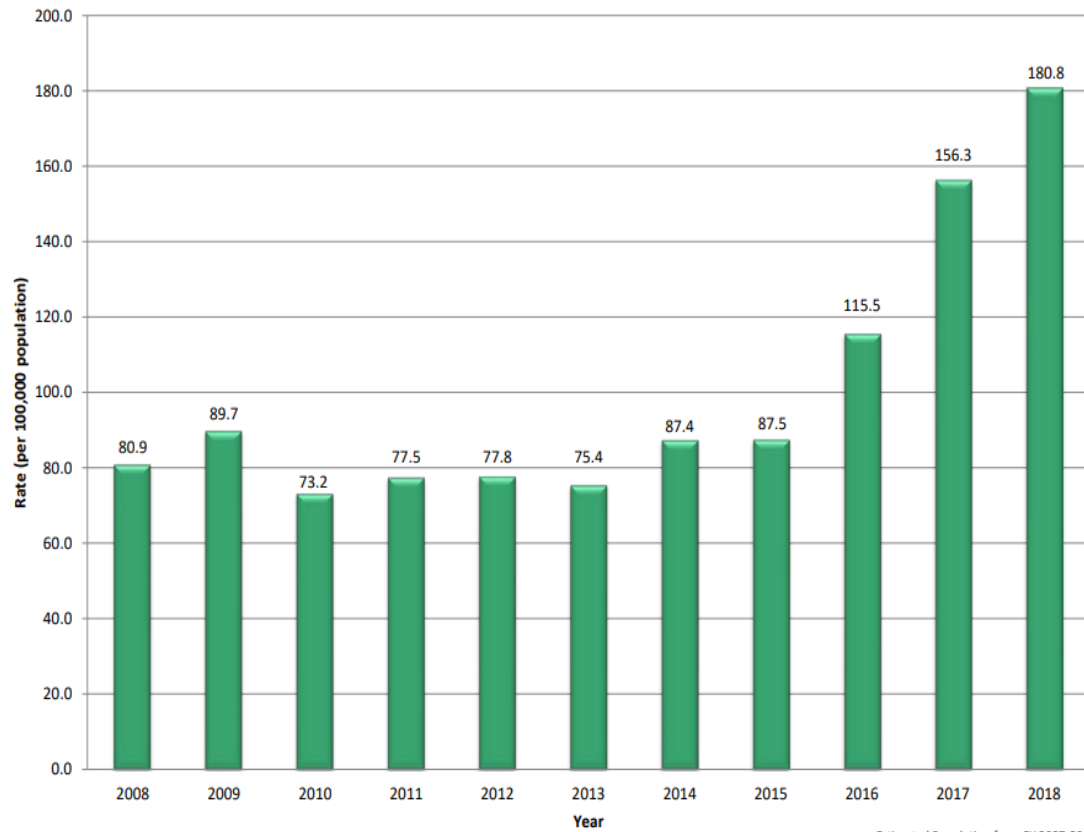


Community & Environment Average (25th in US, 0.058)

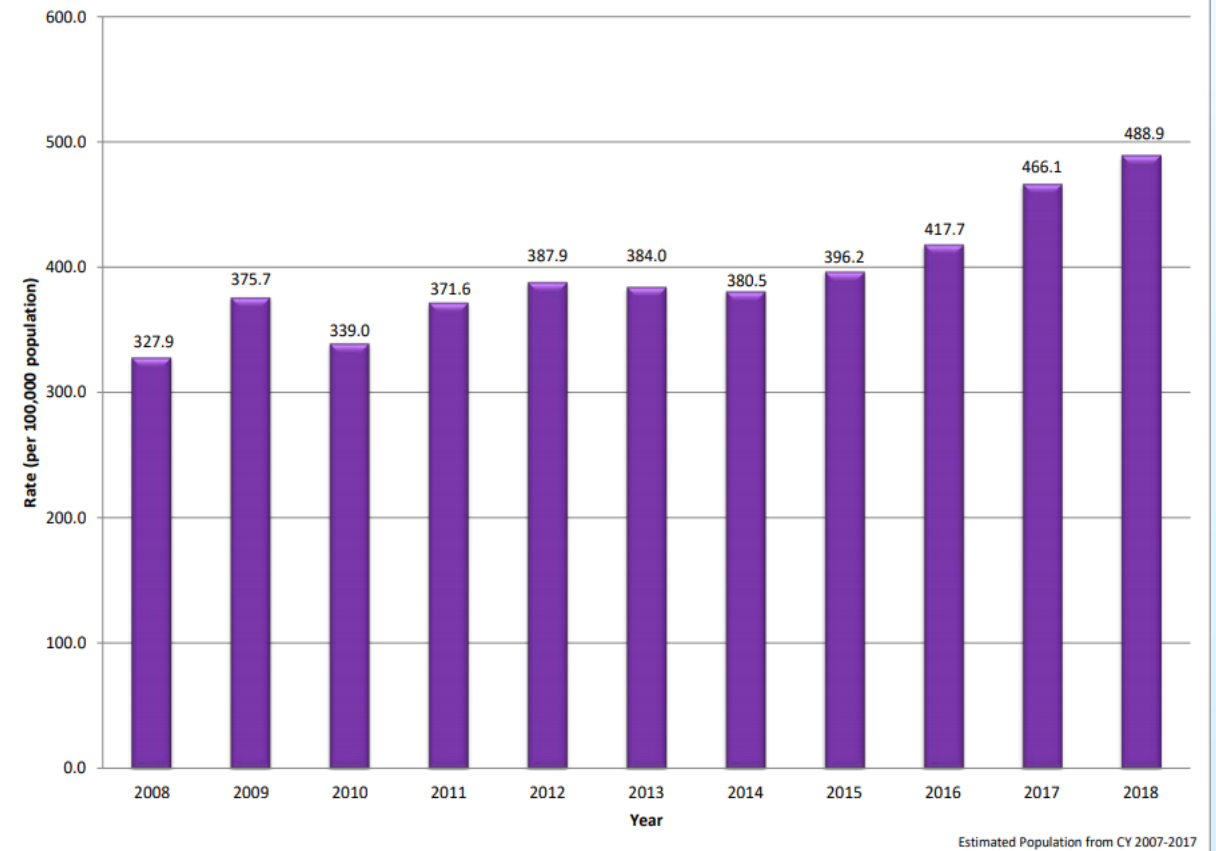
- Chlamydia **2X the healthiest ranked state (West VA)**
 - Kansas at 465/100,000
- Pertussis **10X the US average**
- Violent crime (**#36 in US**), 439 offenses/100,000
- Occupational fatalities **2X US average**, (#32 in US)
- Air quality (#18)
- Number of children in poverty (#21 in US) with 15% of children living in poverty

Gonorrhea and Chlamydia

Gonorrhea - Rates by Total: Kansas, CY 2008-2018



Chlamydia - Rates by Total: Kansas, CY 2008-2018



Violent Crime and its Aftermath

Latest News



TPD Chief Cochran pressing for early intervention with traumatized youths

Topeka Police Chief Bill Cochran is convinced dollars and personnel devoted to addressing mental health challenges of young Kansans pay huge dividends.



Policy

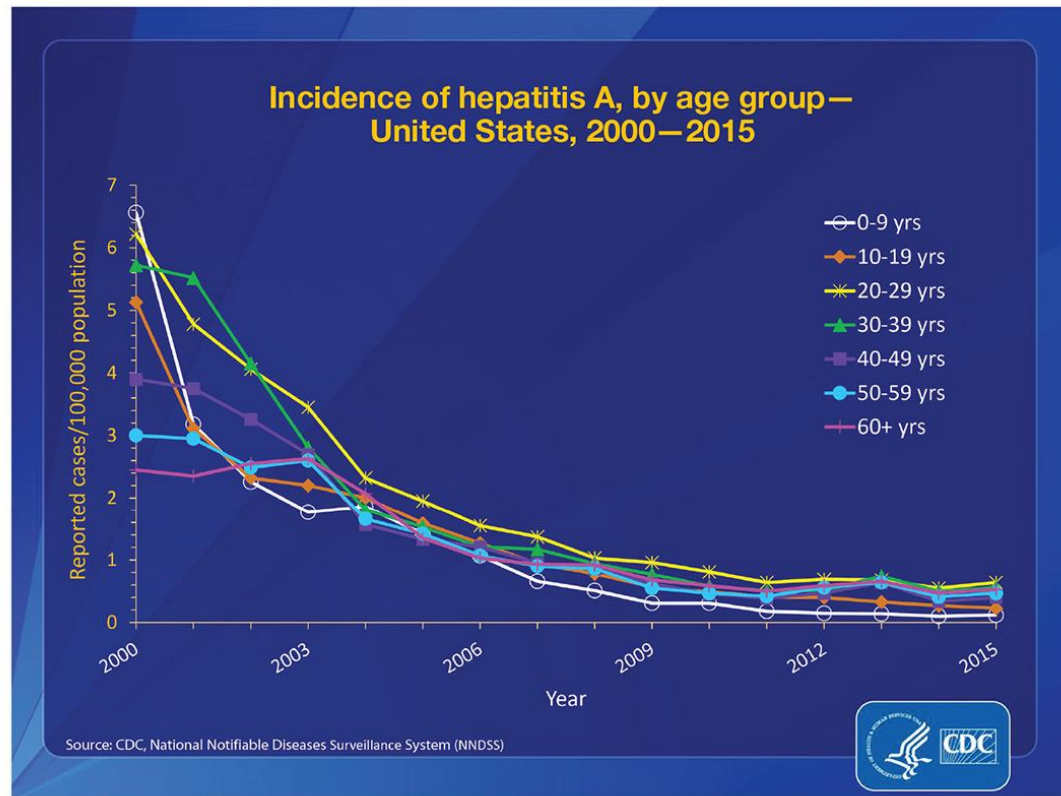
Below average (39th in US, -0.043)

- Immunizations
 - HPV females (#49 in US); HPV males (#34 in US)
 - Meningococcal (#46 in US)
 - Children 19-35 months (#32 in US) with 69% completion rate for age
- Funding
 - Public health funding (#40 in US, Kansas at \$60/person), 4.5X less than top state at \$281/person
- Uninsured % of population (#31 in US, 3X higher than top state)

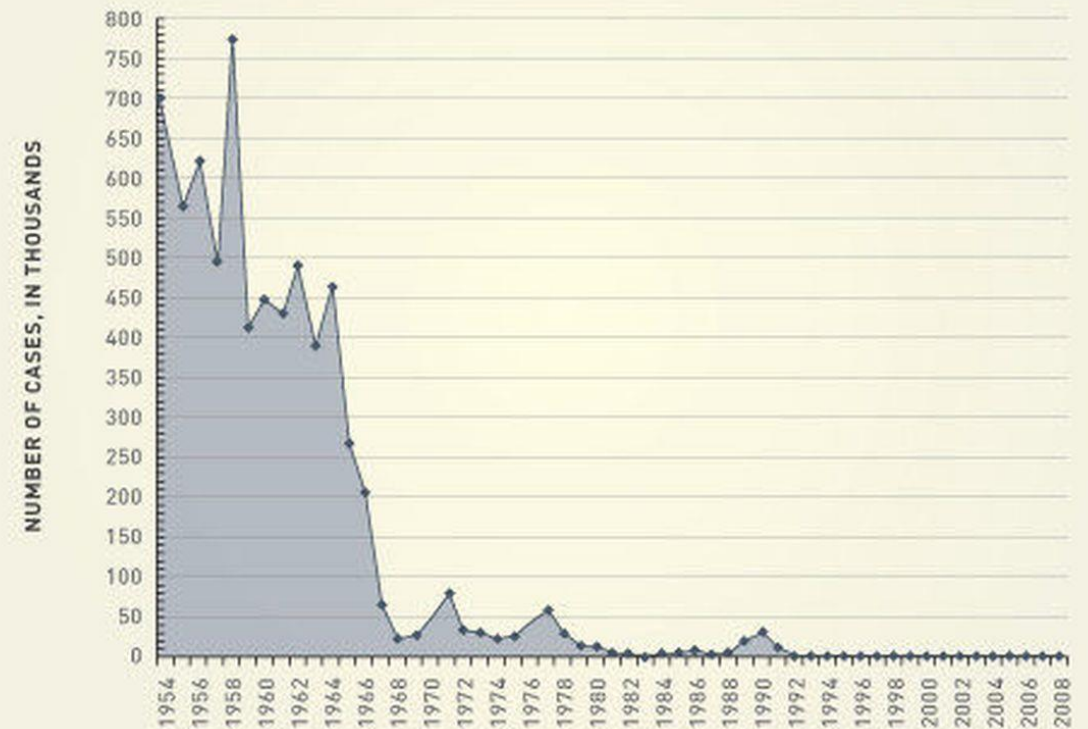
Reminder: immunizations are effective and safe

FIGURE

Rates of hepatitis A infection have declined steadily in all age groups³

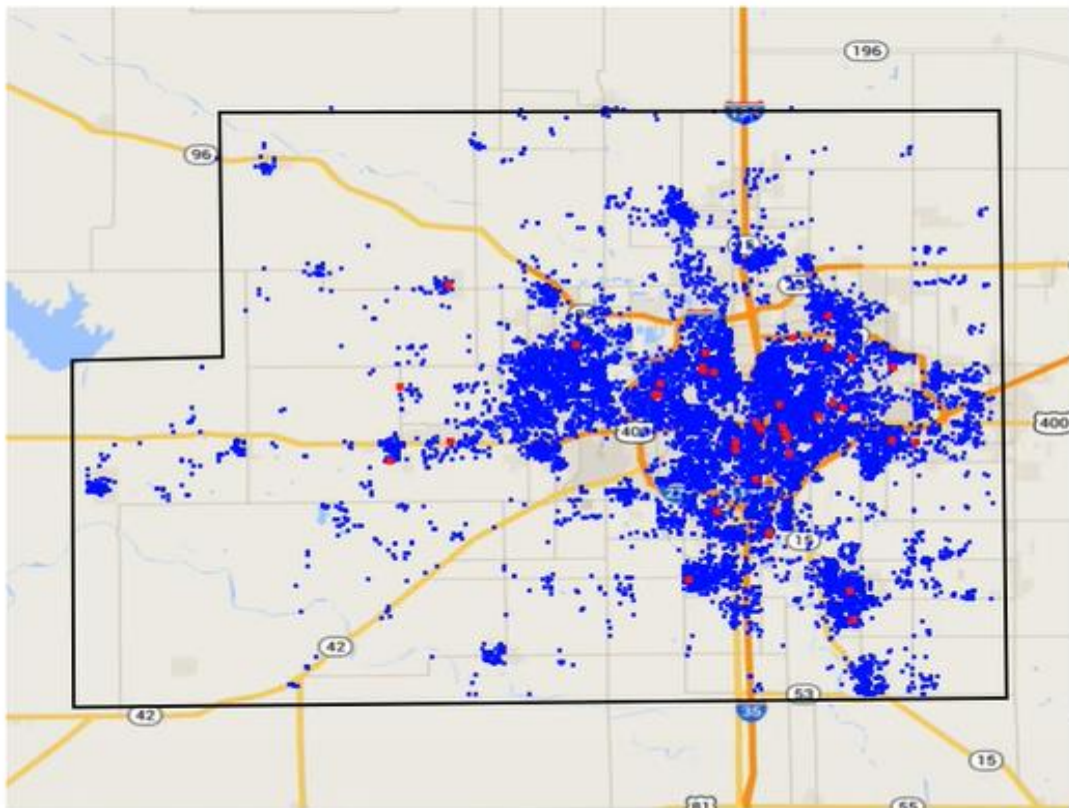


Reported Measles Cases in the United States by Year
1954-2008



Measles Sedgwick County (simulation)

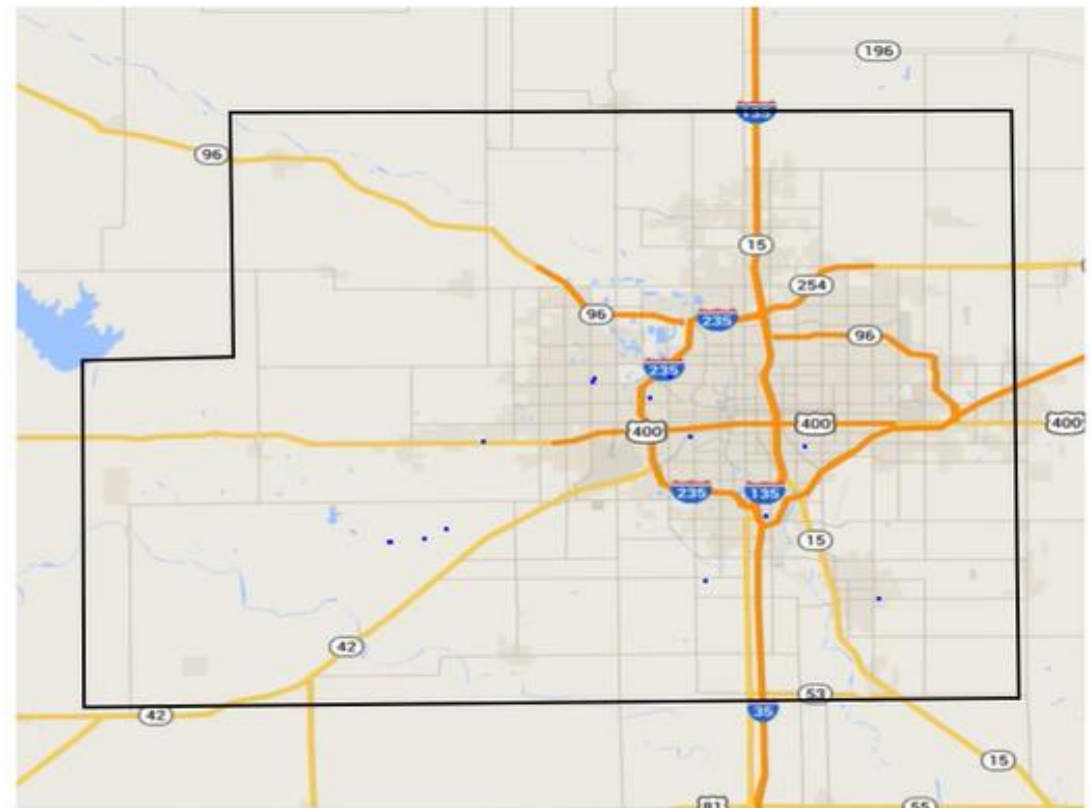
Measles in Sedgwick County, KS
Coverage = 80%
Day 238



Red Dot = Infectious Case

Blue Dot = Recovered Case

Measles in Sedgwick County, KS
Coverage = 95%
Day 238



Red Dot = Infectious Case

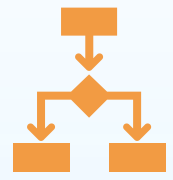
Blue Dot = Recovered Case



Clinical Care

Below average (34th in US, -0.042)

- Access to dentists (**#38 in US**), 50/100,000 vs 83 for top state
- Low birthweight newborns (#14 in US at 7.4%)
- Mental health providers (**#35 in US**), 196/100,000 vs 627/100,000 for top state
- Preventable hospitalizations (#32 in US), 2X the US average
- Primary care physicians (#32 in US), 138/100,000 vs 275/100,000 in top state)



Outcomes

Average (26th in US, 0.013)

- Cancer, cardiovascular, and diabetes deaths: **bottom ½ of US**
- Frequent mental distress: **bottom ½ of US**
- Infant mortality: **bottom ½ of US**
- Premature deaths in years lost before age 75: **bottom ½ of US**

2020

Kansas Diabetes Report

A Report to the Kansas Legislative Coordinating
Council in Accordance with House Bill 2219



Diabetes: Costly



**\$2.4 billion
annually**

Diabetes-related cost in Kansas each year:
direct medical expenses and indirect cost
(loss of productivity due to diabetes)¹



**\$45.7
million**

State Employee Health Plan dollars spent
on diabetes related claims in 2018: an
**average \$10,118 per diabetes related
claimant** and a 3% per claimant decrease
over the previous year²



**\$570
million**

KanCare dollars spent on
patients with diabetes in 2018²

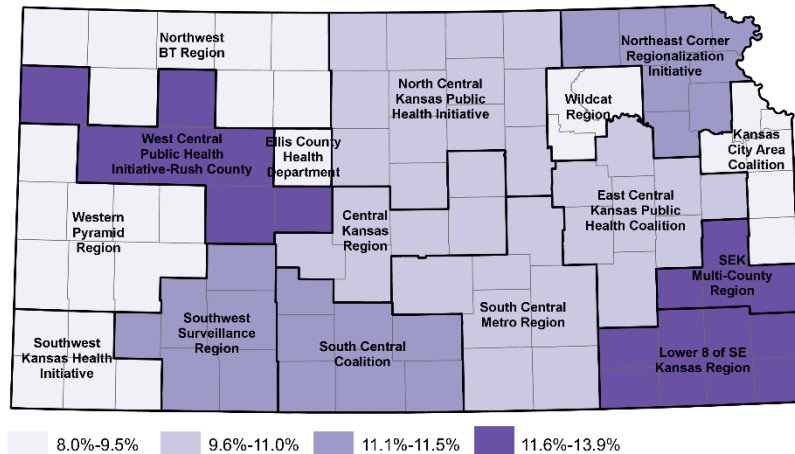


**3
days**

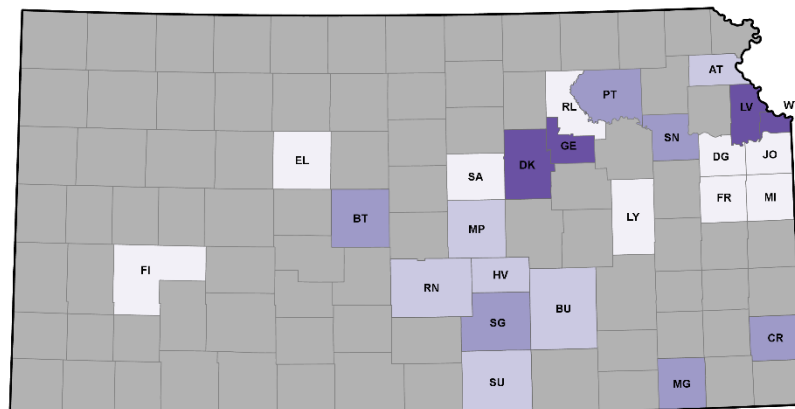
Median length of stay; More than 5,000
hospital admissions due to diabetes in
Kansas in 2017³

Diabetes: Common

Prevalence of Diabetes by Public Health Preparedness Regions¹



Prevalence of Diabetes in 25 Counties*



| County | Prevalence (%) |
|-------------------|----------------|
| Wyandotte (WY) | 14.1 |
| Dickinson (DK) | 12.9 |
| Geary (GE) | 12.7 |
| Leavenworth (LV) | 11.8 |
| Sedgwick (SG) | 11.5 |
| Shawnee (SN) | 11.5 |
| Barton (BT) | 11.5 |
| Montgomery (MG) | 11.5 |
| Crawford (CR) | 11.4 |
| Pottawatomie (PT) | 11.3 |
| Harvey (HV) | 10.4 |
| Butler (BU) | 9.9 |
| Reno (RN) | 9.8 |
| McPherson (MP) | 9.8 |
| Atchison (AT) | 9.6 |
| Sumner (SU) | 9.6 |
| Saline (SA) | 9.5 |
| Ellis (EL) | 9.3 |
| Miami (MI) | 8.9 |
| Franklin (FR) | 8.8 |
| Johnson (JO) | 7.8 |
| Finney (FI) | 7.8 |
| Douglas (DG) | 7.6 |
| Lyon (LY) | 7.1 |
| Riley (RL) | 5.5 |

What does the data suggest?

- Access to care
 - Health manpower shortages
 - Geographic disparity in health outcomes, especially trauma
 - Financial impediments / cost of care
 - Transportation shortcomings
 - Significant regional, cultural, and ethnic variability
 - Obstacles to care exist for mental health and substance abuse disorder patients
- Behaviors need to change: nutrition, physical activity, drug/tobacco, seat belts
- Community variability in access to clean air and water and public safety
- Focus on illness *prevention and early intervention*, especially sexually-transmitted illnesses (STIs), needle-transmitted diseases, and immunization-preventable ones
- Poverty drives of poorer health

A word about Medicaid expansion

- Top 18 states have all expanded Medicaid
- The states with the greatest increases in their rankings have all expanded Medicaid
- The states with the greatest decreases in their rankings have not

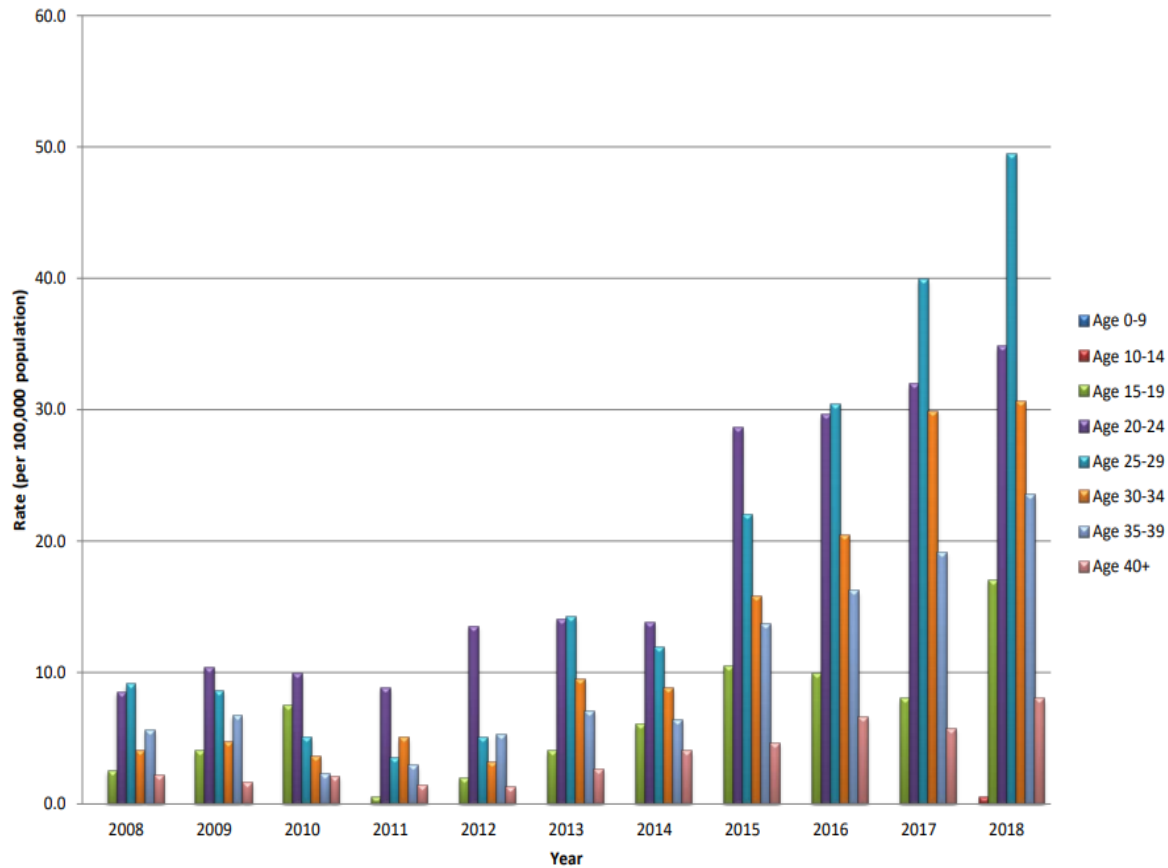


Additional concerns

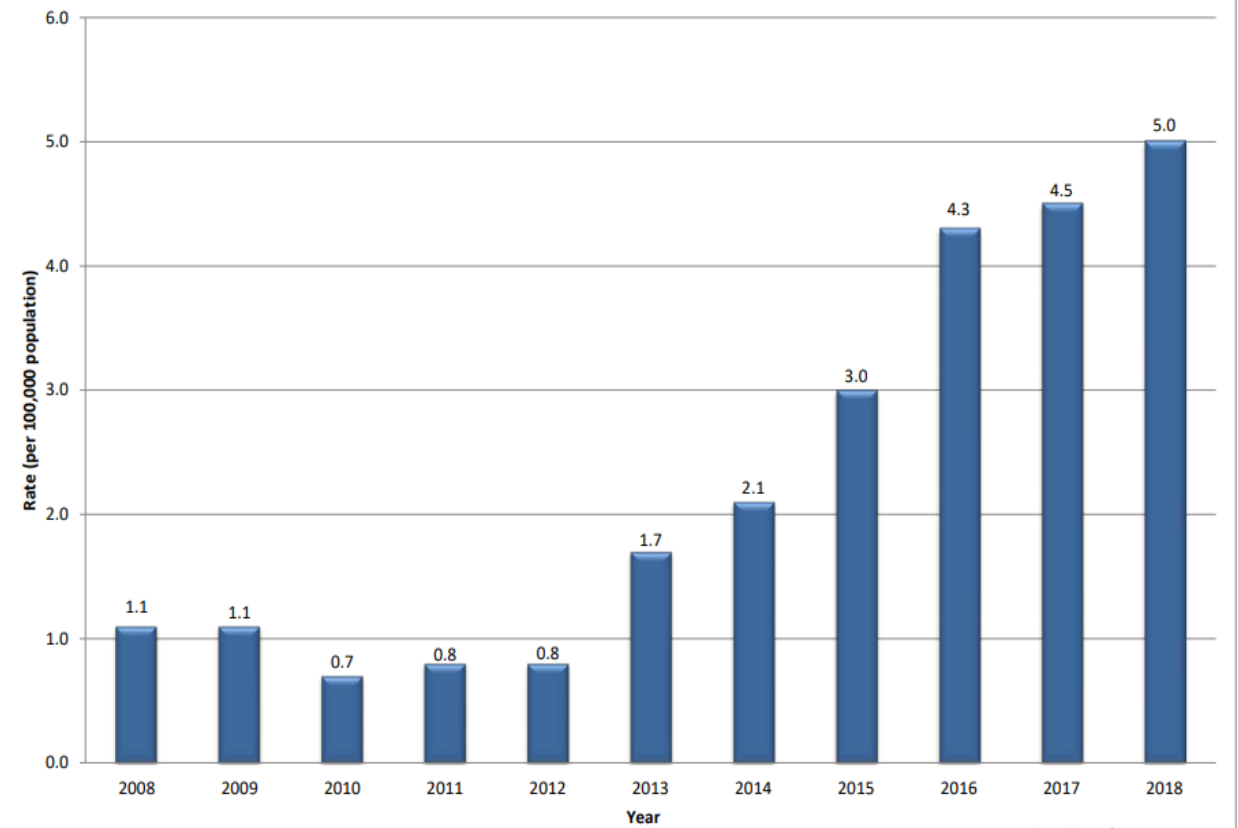
- Congenital syphilis
- HIV and Hepatitis C
 - Undiagnosed Hepatitis C
- Trauma program was de-funded in the past
- Pervasive anti-vaccine ideologies
- Direct-caregiver manpower shortages, especially child care and home/community-based services
- Concern about death certificate data accuracy / under-reporting
 - Suicides
 - Drug overdoses and death

Syphilis: early and late-stage

Early Syphilis - Rates by Age: Kansas, CY 2008-2018

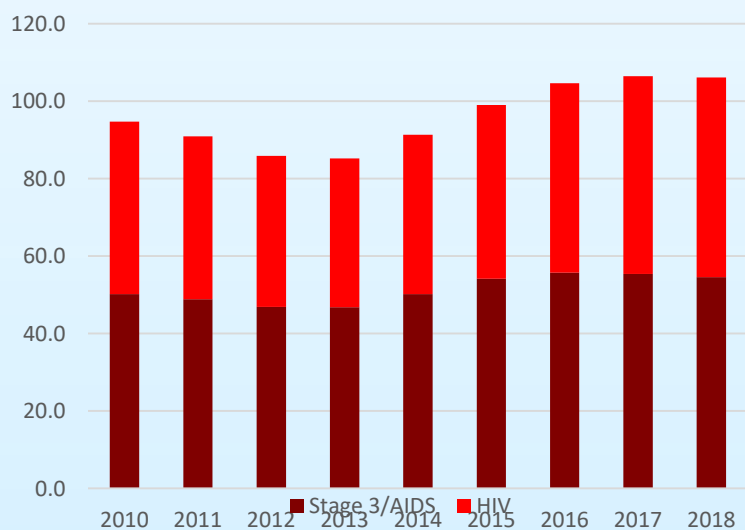


Primary & Secondary Syphilis - Rates by Total: Kansas, CY 2008-2018



HIV

HIV Prevalence Rate per
100,000 Kansans,
Rolling 3-Yr Average, 2010-2018



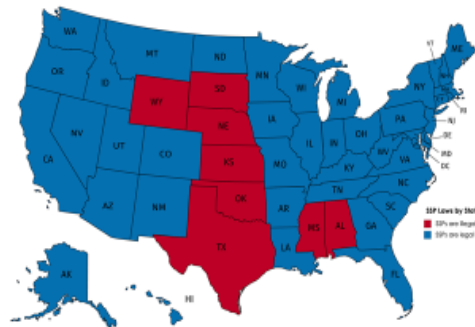
| Calendar Year | Prevalent HIV Cases | Incident HIV Cases | Prevalent Stage 3 Cases | Incident Stage 3 Cases | Total New HIV and Stage 3 Cases | Total KS Residents Living with HIV or Stage 3 |
|---------------|---------------------|--------------------|-------------------------|------------------------|---------------------------------|---|
| 2014 | 1319 | 97 | 1580 | 69 | 166 | 2899 |
| 2015 | 1432 | 107 | 1643 | 63 | 170 | 3075 |
| 2016 | 1518 | 151 | 1639 | 54 | 205 | 3157 |
| 2017 | 1506 | 96 | 1556 | 59 | 155 | 3062 |
| 2018 | 1476 | 157 | 1571 | 66 | 223 | 3047 |

What makes us uncomfortable (and what to do about it)?

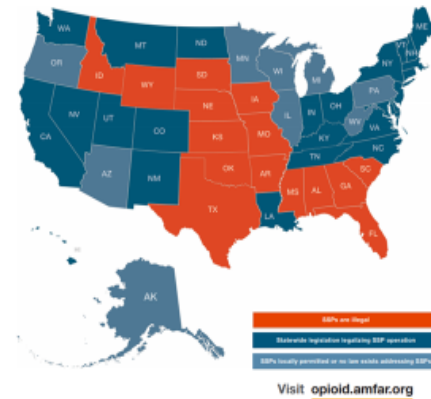
- Sexually-transmitted illnesses (STI) are increasing
- Sexual health education and discussions about contraception and family planning
- Dealing with illicit needle-transmitted diseases and what to do about them
- The tendency to “blame” trends on certain populations of people
- Willingness to make *ideological concessions* in order to improve health
- Spending more money on health
- Questioning whether our current approach to health are working
 - Scope of practice
 - Prescribing laws and expansion of provider “types”
 - Considering the “greater good” rather than just what serves each of us best

Safe syringe programs (SSPs): an example of how some states have tackled needle-transmitted diseases

SSP Laws by State



- SSPs are currently illegal in 8 states
 - States that have not legalized SSPs are concentrated in the Midwest and the South



Visit opioid.amfar.org

Data obtained from: <http://www.ottawa.org/datasets/biology-services-progress-facts>

**Data is from 2017, some states have legalized SSPs since this data was operationalized

High Level Observations



- SSPs decrease HIV, Hepatitis, and Overdose rates
- SSPs increase access to substance abuse programs
 - SSP clients are 5x more likely to enter drug treatment and 3x more likely to stop using drugs than those who do not use/have access to SSPs
- SSPs do not increase illegal drug use or crime
- SSPs protect the public and first responders by safely disposing of used needles and syringes

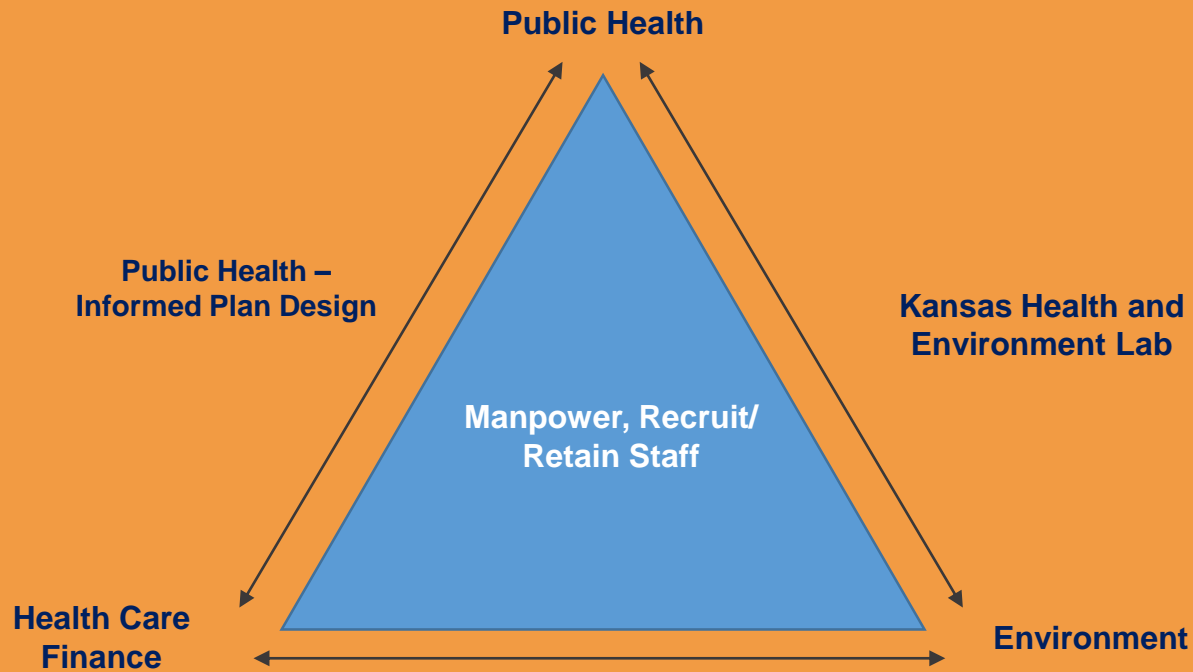
What's Next

- Learn more about the health of Kansans
 - Today is but a start
- Commit to reversing our 30 year backslide
- Be receptive to different thoughts and approaches
 - SSPs, expedited partner therapy, and HIV Pre-Exposure Prophylaxis (PrEP)
 - Long-acting reversible contraception (LARC) for those requesting it
 - Obesity and diabetes reduction
- Expand existing programs that are known to work - trauma, infectious disease investigation services, adult health/child/family health education
- Develop a locally-customized health care delivery model
- Embrace assisting technology, such as telemedicine
- Support and expand tobacco and vaping prevention/cessation efforts
- Align agendas: legislative, agency, association, advocacy group and local health departments

Opportunities for improvement: Agency legislative initiatives in 2020

- Innovative public health practices
- Modernize current regulations and licensing procedures
- Support and funding for existing programs

Looking at Kansas through rose-colored glasses is not a success strategy



Kansas Health and Environment Lab



Thank you/Questions

2020: The State of the Health of Kansans

